

Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

John Alden

3 Dist-

## CERTIFICATE OF DEATH

Died at		Town		County		MARYLAND	
Cherry Hill Md		Cecil					
Date of death	1905	Month	July	Day	11	Years	89
Sex		Male		Color or Race		White	
Occupation		Farmer		Birth-place		Maryland	
Where Residing if not at place of death							
Married, Single or Widowed		Widowed		Name of Wife or Husband		Myers Mrs Bayr	
Father's Name		Ebenezer Alden		Father's Birthplace		Boston Mass	
Mother's Maiden Name		Elizabeth Ames		Mother's Birthplace		Boston Mass	
Name of person giving information		Lucy A. Work		How related to deceased		Niece	


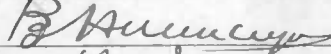
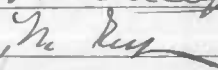
## CAUSES OF DEATH

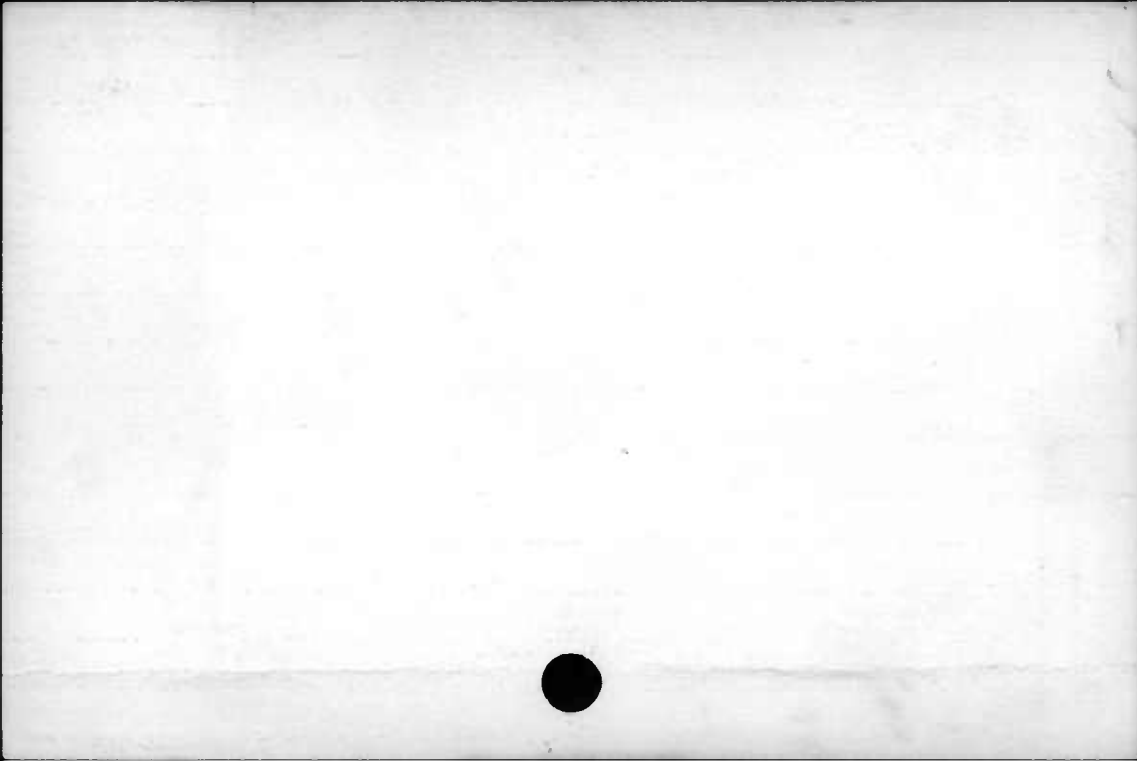
PHYSICIAN  
OR CORONER

Primary	Asthma	How long	79	6 mos
Immediate	Heart	How long		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
Yes		A. J. Carver		
		Address		
		Cherry Hill Md		
Accident or Suicide?				

911



Name in Full		Mrs Terressa A.L. Bayard.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town North-East.		County Cecil Co.		MARYLAND	
	Date of death	1905	Month February	Day 16	Age 63	Years	Months
	Sex	Female		Color or Race	White		Birth-place
	Occupation	Housekeeper.		Where Residing if not at place of death			
	Married, Single or Widowed	Married.		Name of Wife or Husband			
	Father's Name	Wood.				Father's Birthplace	unknown
	Mother's Maiden Name	Elizabeth Capton.				Mother's Birthplace	unknown.
Name of person giving information	Terressa E. Simpers.				How related to deceased	daughter.	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	General Debility - 154				How long	One year
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
Accident or Suicide?				  			



Name  
in  
Full

Michael Borger Jr

## CERTIFICATE OF DEATH

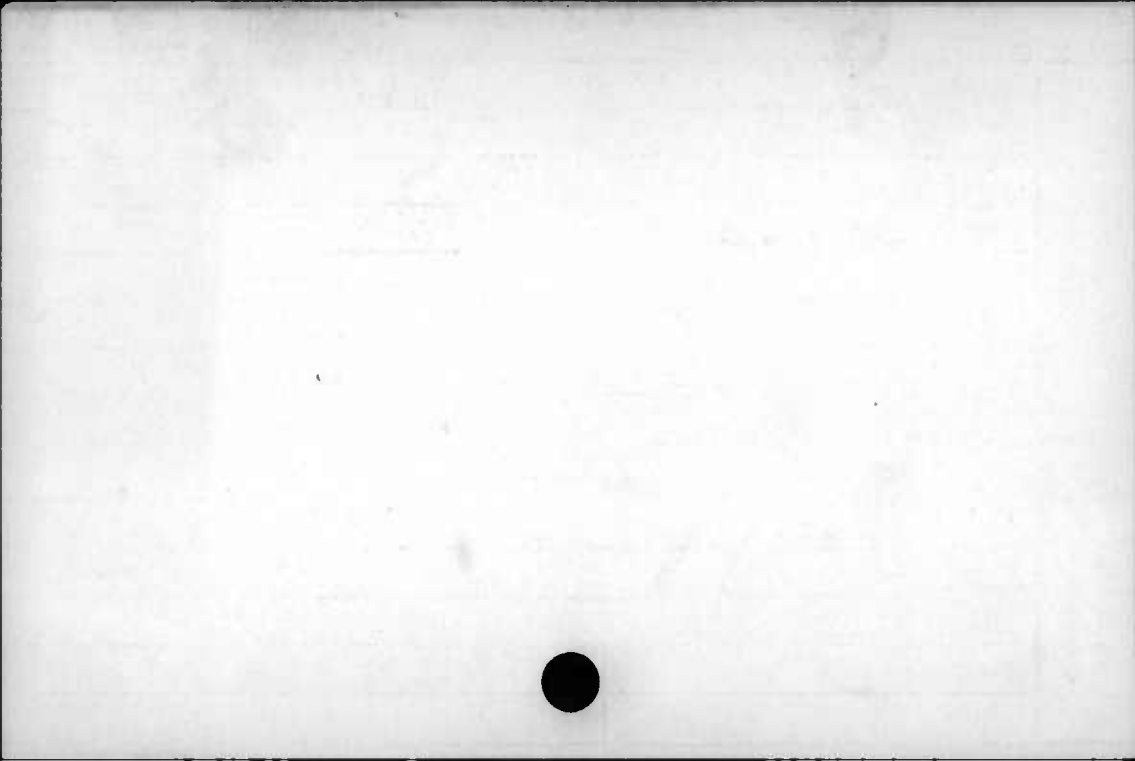
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Chesapeake</i> Town		<i>Cecil</i> County		MARYLAND	
Date of death 190 <i>5</i>	Month <i>Feb</i>	Day <i>6</i>	Age <i>23</i>	Years <i>5</i>	Months <i>7</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Ches City</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>Boating</i>			
Name of Wife or Husband <i>x</i>					
Father's Name <i>Michael Borger</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Catharine Schryer</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Corinne Borger</i>			How related to deceased <i>Sister</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Phthisis Pulmonalis</i>	How long <i>about 2 years since the</i>
Immediate <i>Exhaustion from disease</i>	How long <i>about 2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. C. Karsner M.D.</i>
	Address <i>Chesapeake City</i>
Accident or Suicide?	



Name  
in  
FullElizabeth F. Brown  
To Port Deposit Cecil County

## CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death 1906-

Month

Feb

Day

21

Age

Years

76

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Port Deposit

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Elisha Brown

Father's  
Birthplace

Cecil Co

Mother's  
Maiden Name

Nancy Gay

Mother's  
Birthplace

" "

Name of person giving  
In formation

Agnes Brown

How related  
to deceased

Sister

## CAUSES OF DEATH

Primary

Gangrene

How long

Six weeks

Immediate

Inanition

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

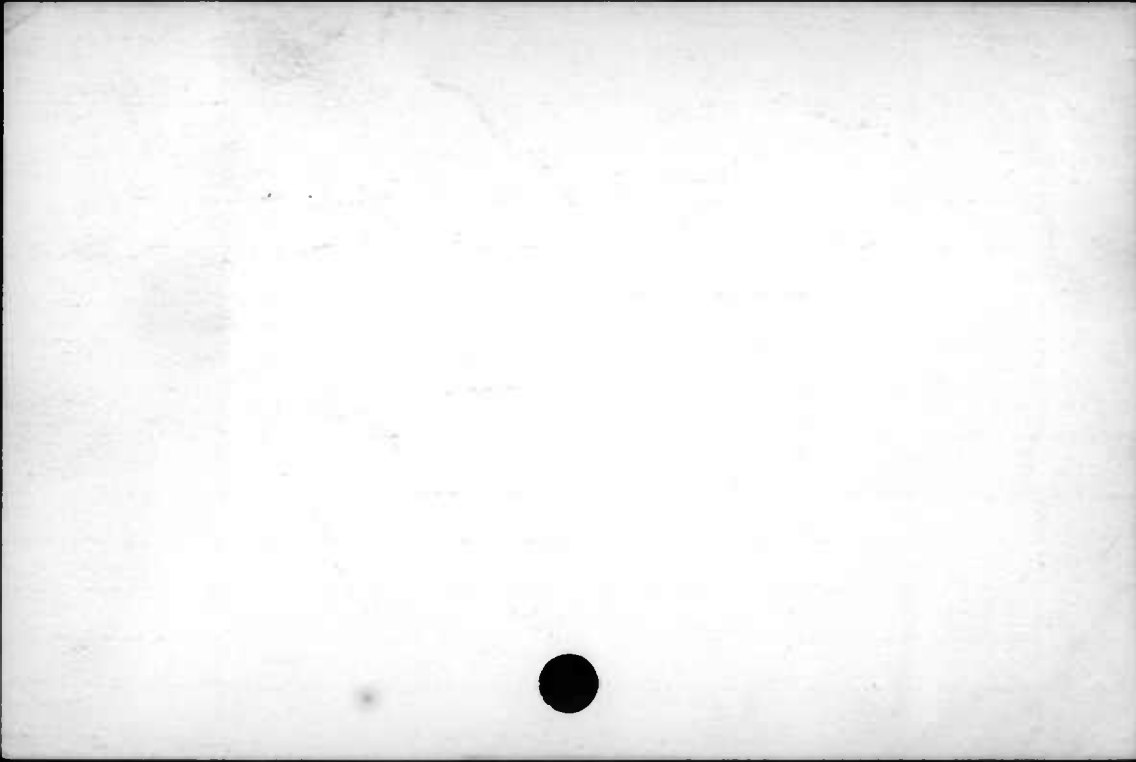
Signature of  
Physician

Address

J. F. Brown  
Port Deposit

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

Died at *Chesapeake* Town *Becil* CountyDate of death *1903* Month *Feb* Day *26* Age *68* Years Months *"* Days *"*Sex *Male* Color or Race *Colord* Birth-place *Kent Co. Md*Occupation *Laborer* Where Residing if not at place of death *Chesapeake City*Married, Single or Widowed *Married* Name of Wife or Husband *Julia A Brown*Father's Name *Joseph Brown* Father's Birthplace *Kent*Mother's Maiden Name *Tempy Miller* Mother's Birthplace *"*Name of person giving information *Julia A Brown* How related to deceased *wife*

## CAUSES OF DEATH

Primary *Emphysema* *98* How long *years*Immediate *Pneumonia of heart* *2* How long *100 mos*Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address *Chesapeake City*Accident or Suicide? *✓*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

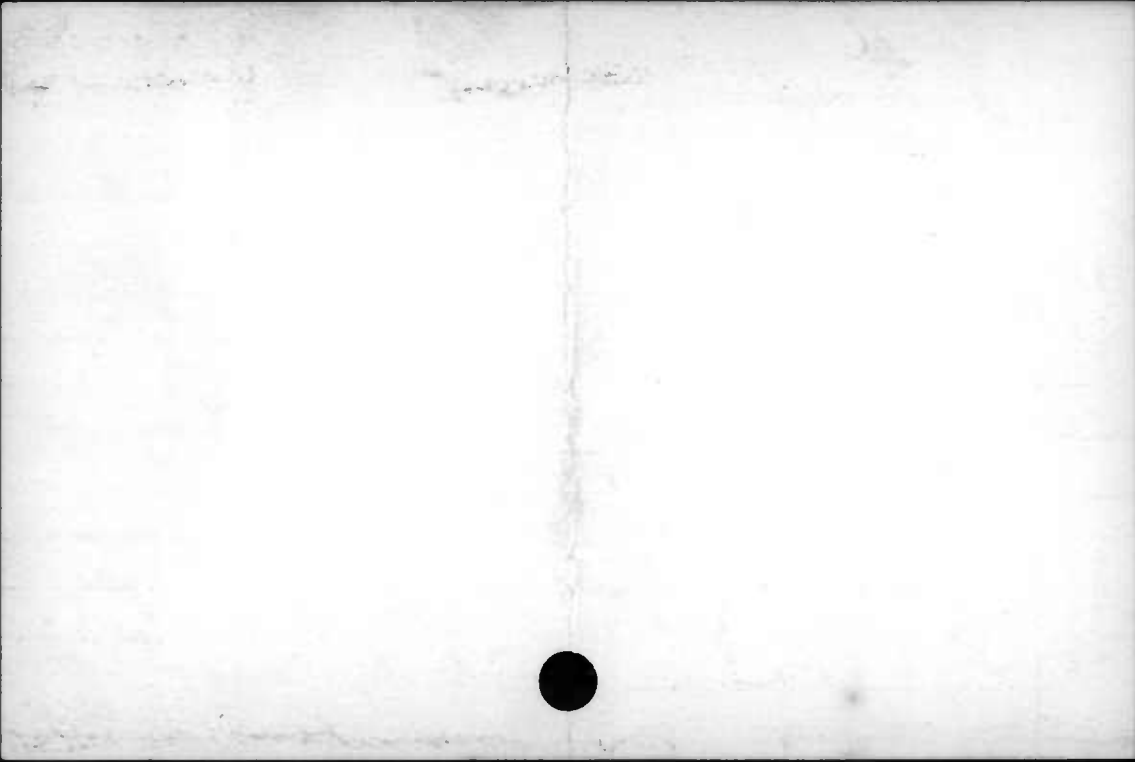
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Anna M. Croft</i>		Town <i>Phasant Hill</i>		County <i>Cecil</i>		State <i>(42222)</i>	
Died at <i>Phasant Hill</i>		Month <i>2</i>		Day <i>28</i>		Year <i>74</i>	
Date of death <i>1905</i>		Month <i>2</i>		Day <i>28</i>		Year <i>74</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Pa</i>		Months <i>2</i>	
Occupation <i>Tailorress</i>		Where Residing if not at place of death <i>At Phasant Hill</i>		Days <i>3</i>			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>James Croft</i>		Father's Birthplace <i></i>		Mother's Birthplace <i></i>	
Father's Name <i>Dr. Burr</i>		Mother's Maiden Name <i></i>		How related to deceased <i>Daughter</i>			
Name of person giving information <i>Mary J. Davis</i>							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Consumption of Bowels</i>	How long	<i>6 years</i>
Immediate	<i>Pneumonia</i>	How long	<i>8 days</i>
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		<i>Chas. G. Miller</i>	
Address		<i>North East, Md.</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

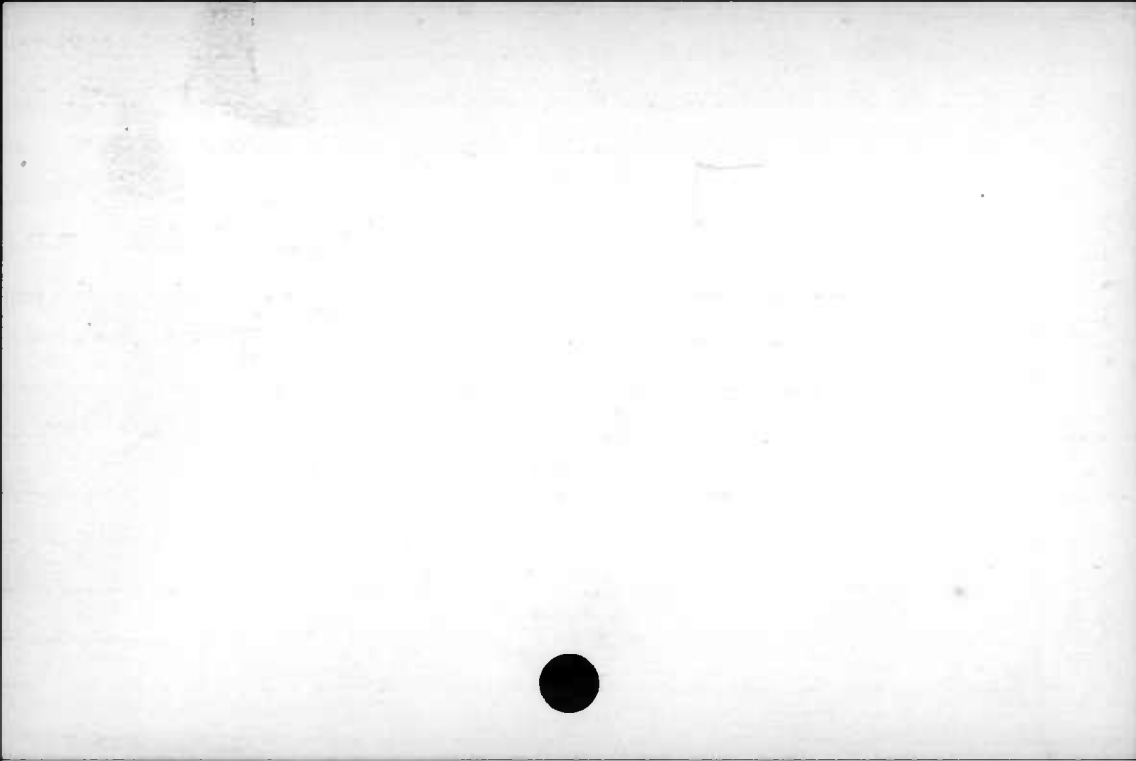
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>James W Duxton</i>		Town <i>Woodlawn</i>		County <i>Cecil</i>		MARYLAND	
Died at		Month <i>2</i>		Day <i>23</i>		Years <i>73</i>	
Date of death <i>1905</i>				Age		Months <i>—</i> Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Boston Mass</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Ann Duxton</i>					
Father's Name <i>—</i>		Father's Birthplace <i>—</i>					
Mother's Maiden Name <i>Julia A Cronk</i>		Mother's Birthplace <i>—</i>					
Name of person giving information <i>Grace Street</i>		<i>123</i>		How related to deceased <i>Daughter</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Inflammation of Blood vessels</i>	How long	<i>several years</i>
Immediate	<i>Exhaustion</i>	How long	<i>1 month</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. A. Cronk</i>	
		Address <i>Park Street</i>	
Accident or Suicide? <i>—</i>			



Name  
in  
Full

Clarence Hitchcock

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Blythedale<sup>County</sup> CecilDate of death 1905-<sup>Month</sup> 2-<sup>Day</sup> 14Age <sup>Years</sup> 22<sup>Months</sup> 7<sup>Days</sup> -

Sex Male

Color or Race White

Birth-place Blythedale

Occupation Seed testing

Where Residing if not at place of death

Married, Single or Widowed Single

Name of Wife or Husband

Father's Name Samuel Hitchcock

Father's Birthplace Cecil Co

Mother's Maiden Name Mary Craig

Mother's Birthplace " "

Name of person giving information Mary Hitchcock

How related to deceased Mother

## CAUSES OF DEATH

Primary Tuberculosis

How long 4 years

Immediate

Are the name, age, sex, color, date and place correctly given above?

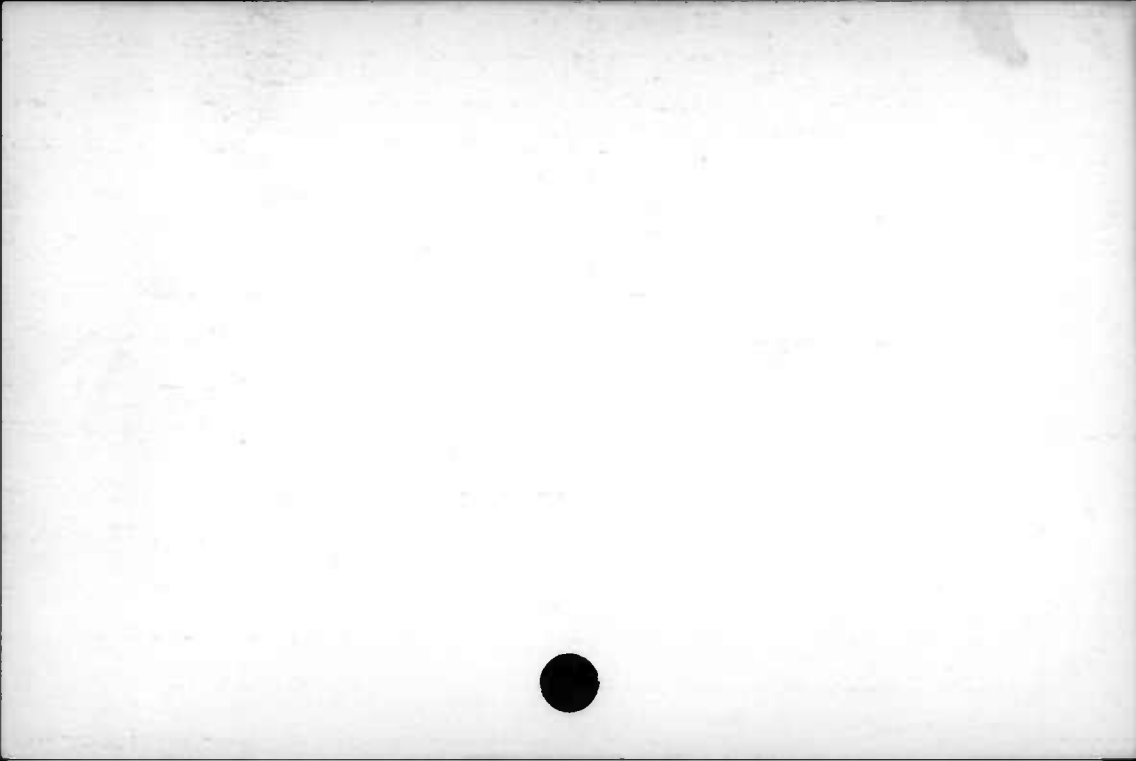
Signature of Physician

Address

J. M. Stump -  
Perryville Md.

Accident or Suicide?

PHYSICIAN  
OR CORONER





Name  
in  
Full

Elmira Jones

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Elkton* Town

County

 *Cecil*

MARYLAND

Date  
of death *1905*

Month

*2*

Day

*9*

Years

Age

*68*

Months

Days

Sex *Female*Color or  
Race*White*Birth-  
place*Ind*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed*Widow*Name of Wife or  
Husband*Wm Jones*Father's  
Name*John Taylor*Father's  
Birthplace*Ind*Mother's  
Maiden Name*Lycia Howsell*Mother's  
Birthplace*Ind*Name of person giving  
In formation*A E Taylor*How related  
to deceased*Brother*

## CAUSES OF DEATH

Primary

How long

Immediate

*Heart Disease*

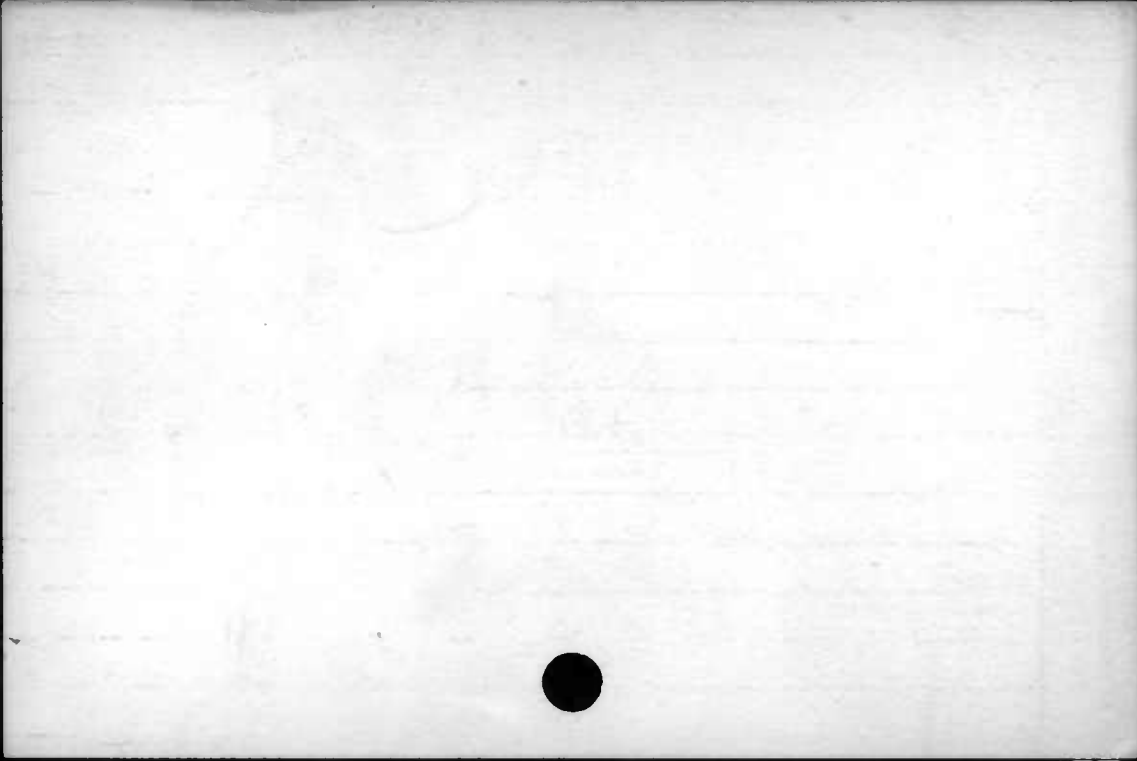
How long

Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician

Address

*H. Arthur Mitchell, M.D.*  
*Elkton Ind*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

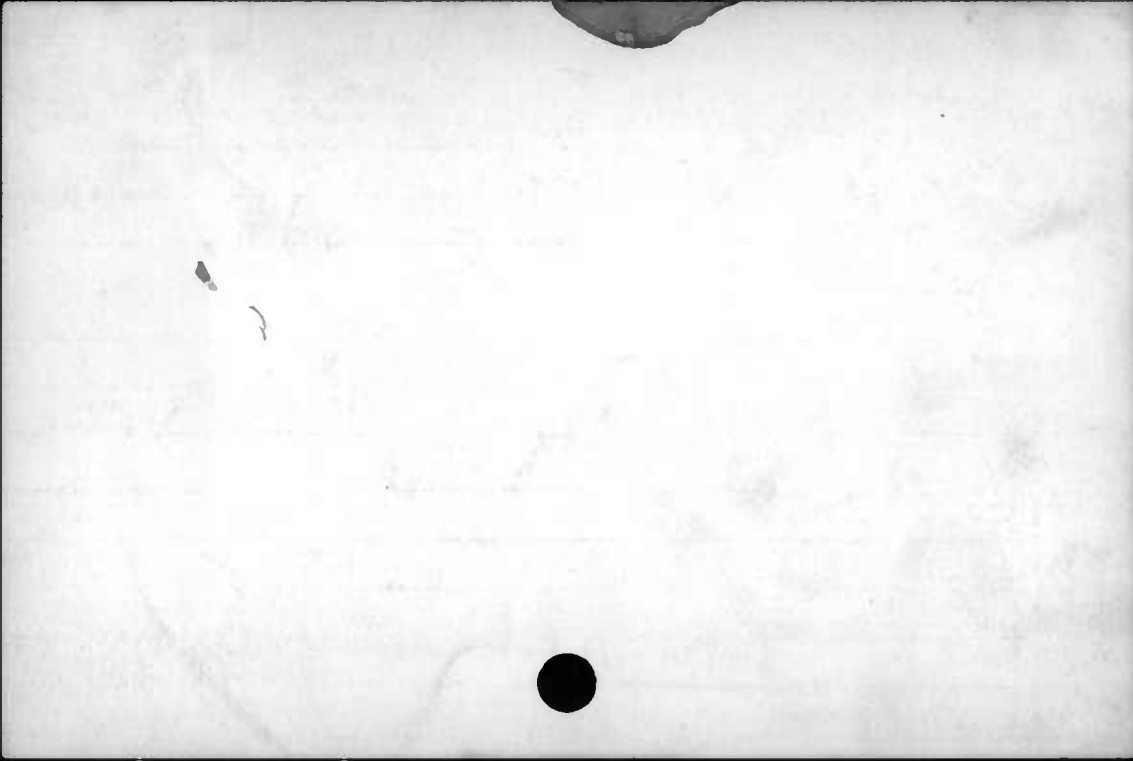
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Richard James</b>		Town <b>Port Deposit</b>		County <b>Cecil</b>		MARYLAND	
Died at		Date of death <b>1908 Feb 5</b>		Age <b>3</b>		Months <b>2</b> Days <b>4</b>	
Sex <b>Male</b>		Color or Race <b>Caucasian</b>		Birth-place <b>Port Deposit</b>			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <b>Richard James</b>		Father's Birthplace <b>Wg</b>					
Mother's Maiden Name <b>Ella James</b>		Mother's Birthplace <b>Wg</b>					
Name of person giving information <b>Ella James</b>		How related to deceased <b>Mother</b>					

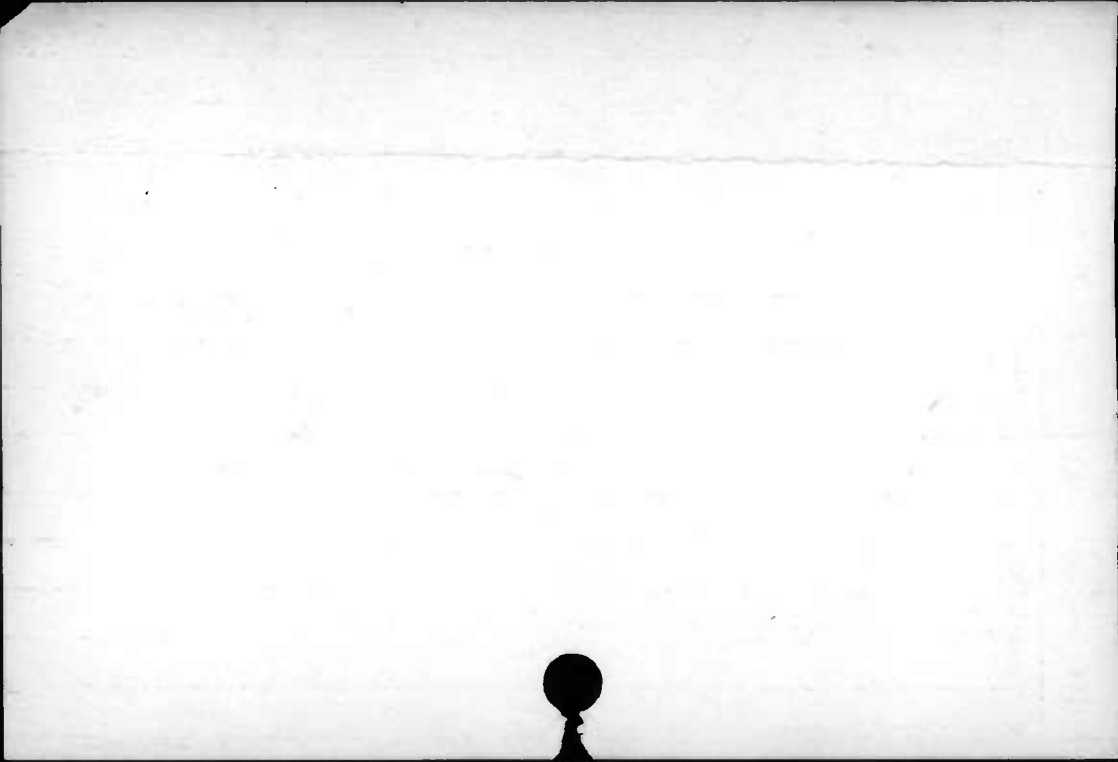
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<b>Infantile Paralysis</b>	How long	<b>3 years</b>
Immediate	<b>Convulsions</b>	How long	<b>3 months</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>H. E. Chumley</b>	
		Address <b>Port Deposit</b>	
Accident or Suicide? <b>No</b>			



Name in Full		CERTIFICATE OF DEATH			
John McLeary		Town New Fairview		County Carroll	
Died at		MAYLAND			
Date of death	1903-	Month 2	Day 25	Age 88	Months Days
Sex Male	Color or Race White	Birth-place Penn			
Occupation Farmer		Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband			
Father's Name Wm McLeary		Father's Birthplace Ireland			
Mother's Maiden Name Ann Robinson		Mother's Birthplace Penn			
Name of person giving information Mary Hughes		How related to deceased Daughter		(108)	
CAUSES OF DEATH					
Primary Paralysis of bowels		How long 10 days			
Immediate Paralysis of bowels		How long 10 days			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician David Mackey			
		Address Leyrenville Pa.			
Accident or Suicide?					



Name  
in  
Full

Margaret Morris Myers

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Cecilton<sup>County</sup> Cecil

MARYLAND

Date  
of death 1905

Month 7

Day 21

Age 68

Years

Months -

Days -

Sex

Female

Color or  
Race

white

Birth-  
place

Philadelphia

Occupation

Housewife

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Widowed

Name of Wife or  
Husband

Frank F. Myers

Father's  
Name

\_\_\_\_\_

Father's  
Birthplace

\_\_\_\_\_

Mother's  
Maiden Name

\_\_\_\_\_

Mother's  
Birthplace

\_\_\_\_\_

Name of person giving  
information

F. F. Myers

How related  
to deceased

Son

## CAUSES OF DEATH

Primary

How long

Immediate

Tubercular Peritonitis

How long

4 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

R. M. Block

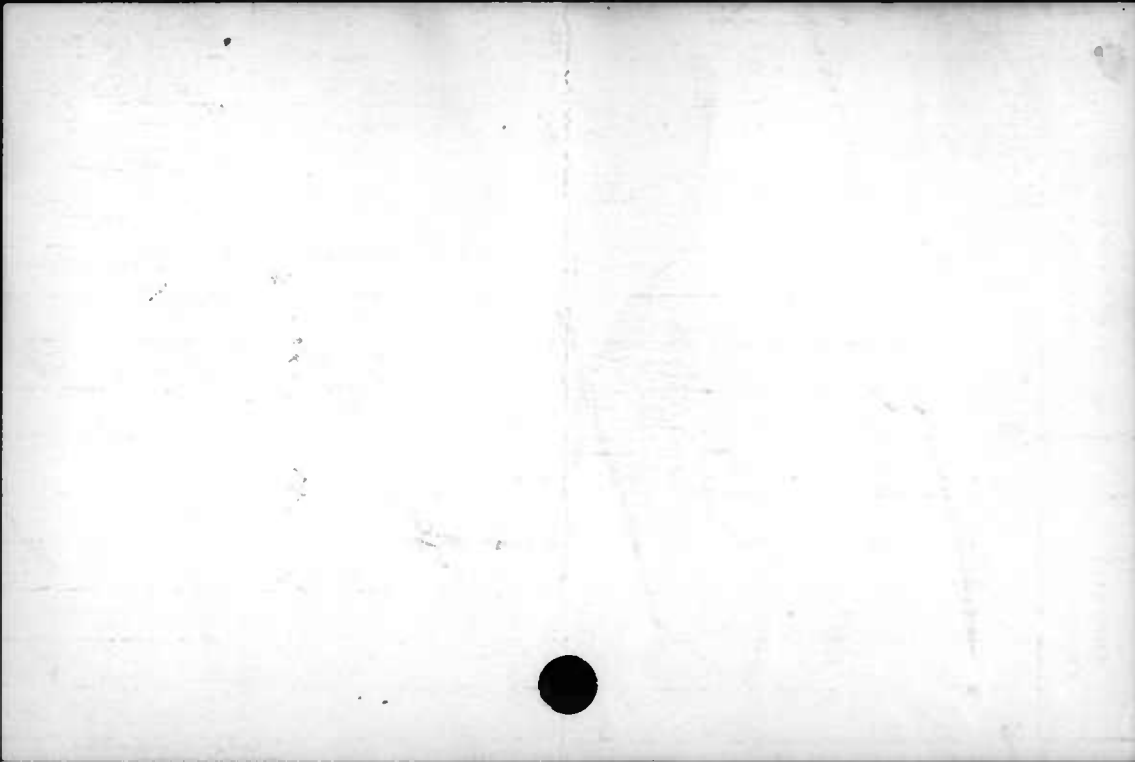
Address

Cecilton

Accident or Suicide?

\_\_\_\_\_

PHYSICIAN  
OR CORONER





Name  
in  
Full

8th St

## CERTIFICATE OF DEATH

MARYLAND

Died at *Benjamin Rice* Town *Conowingo*County *Cecil*Date  
of death *1905*Month *2*Day *12*

Age

Years *64*

Months

Days

Sex *male*Color or  
Race*Black*Birth-  
place*Harford Co.*

Occupation

*Laborer*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Widower*Name of Wife or  
Husband*Harriet Berry deceased*Father's  
Name*don't know*Father's  
Birthplace*✓*Mother's  
Maiden Name*don't know*Mother's  
Birthplace*✓*Name of person giving  
information*Maria James*How related  
to deceased*Wife*

## CAUSES OF DEATH

Primary

*Arterio Sclerosis*

How long

*6 months*

Immediate

*Paralysis of Heart*

How long

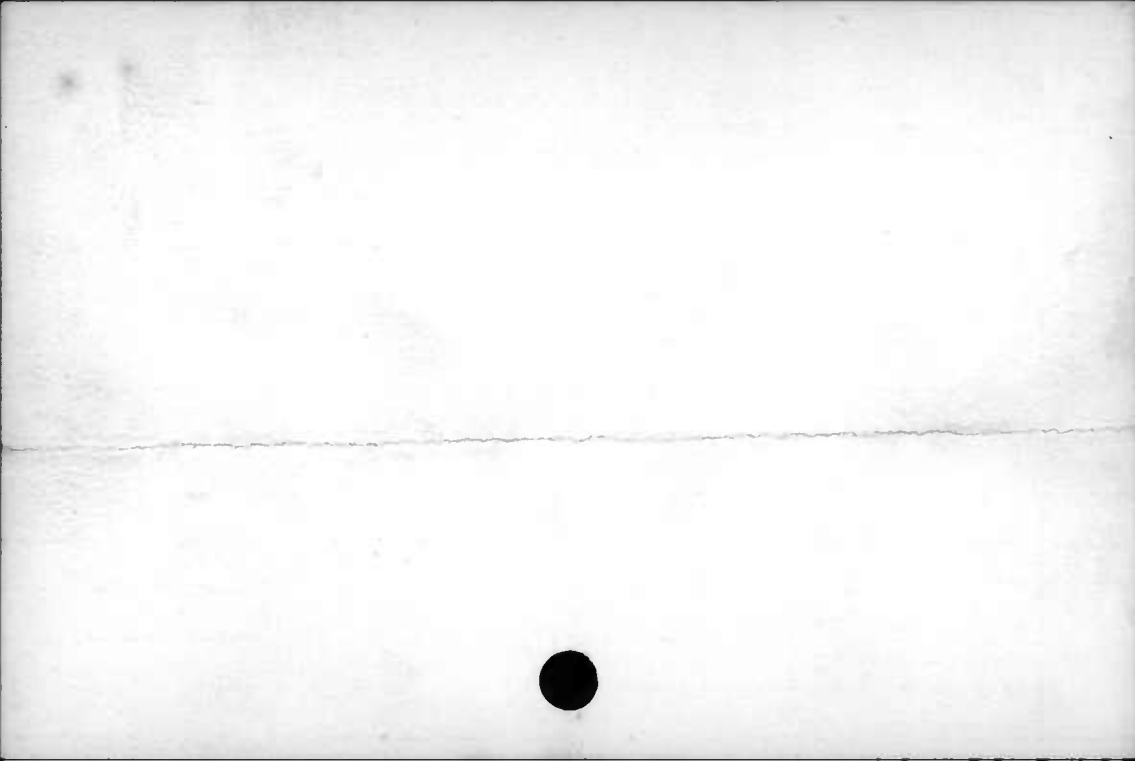
*✓*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*W. M. Ragan M.D.*

Address

*Conowingo Md.*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Frank L. Kovitte

## CERTIFICATE OF DEATH

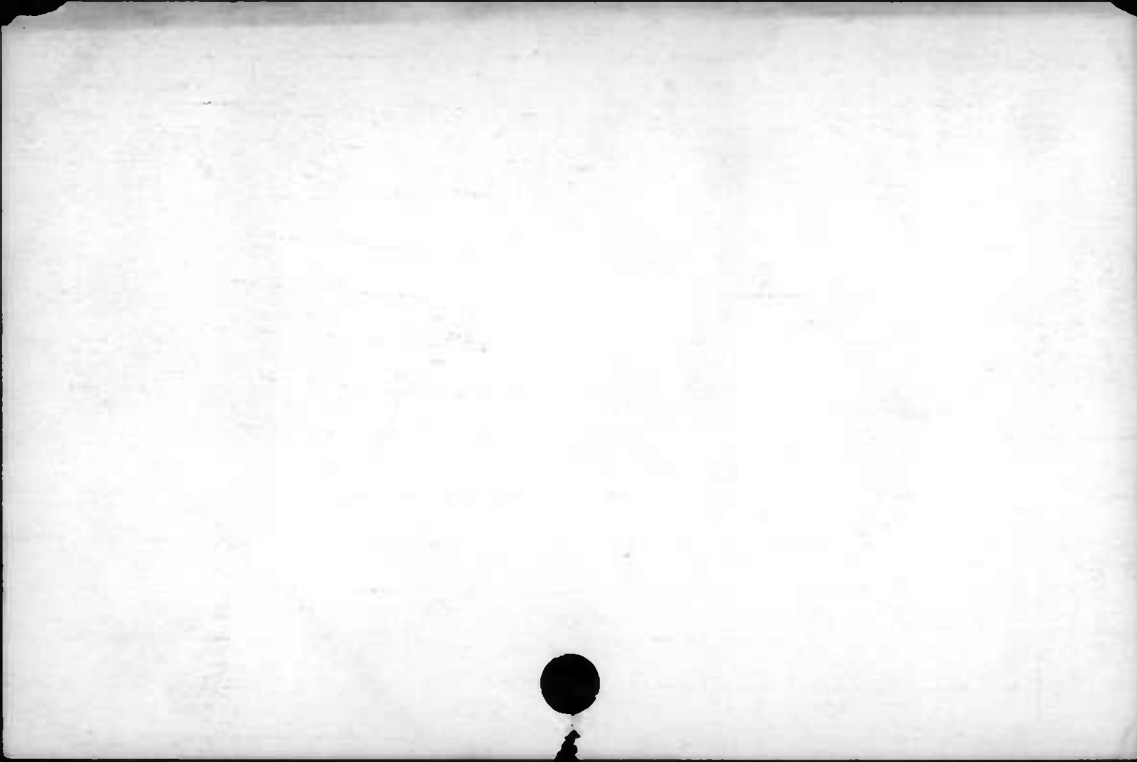
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Echam</i>		County <i>Greene</i>		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1905		2	20	48			
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Italy</i>
Occupation	<i>Civilian</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Married</i>			Name of Wife or Husband			
Father's Name	<i>Peter Kovitte</i>				Father's Birthplace	<i>Italy</i>	
Mother's Maiden Name	<i>Micca Gallo</i>				Mother's Birthplace	<i>Italy</i>	
Name of person giving information	<i>Peter L. Kovitte</i>				How related to deceased	<i>Son</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Bright</i>	How long	
Immediate	<i>Uræmia</i>	How long	<i>120</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Wm. S. Cawley</i>	
		Address <i>St. Louis</i>	
Accident or Suicide?		<i>No</i>	



Name  
in  
Full

Elishah Short

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Near Eketon<sup>County</sup> Cecil

MARYLAND

Date of death 1905 <sup>Month</sup> 2 <sup>Day</sup> 28 <sup>Age</sup> Years Months DaysSex Male <sup>Color or Race</sup> White <sup>Birth-place</sup> MdOccupation Carillion <sup>Where Residing if not at place of death</sup>Married, Single or Widowed Married <sup>Name of Wife or Husband</sup>

Father's Name Jonathan Short

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information Jas Short

How related to deceased

## CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

11. 6.

1



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Port Deposit* <sup>Town</sup>*Cecil* <sup>County</sup>Date of death *1905-* <sup>Month</sup> *2* <sup>Day</sup> *18*Age *30* <sup>Years</sup> *2* <sup>Months</sup> *1* <sup>Days</sup>Sex *Female*Color or  
Race*White*Birth-  
place*Port Deposit*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name*Henry Smith*Father's  
Birthplace*Cecil Co*Mother's  
Maiden Name*Mary McMullen*Mother's  
Birthplace*" "*Name of person giving  
In formation*Henry Smith*How related  
to deceased*Father*

## CAUSES OF DEATH

Primary

*Heart trouble*

How long

*24 hours*

Immediate

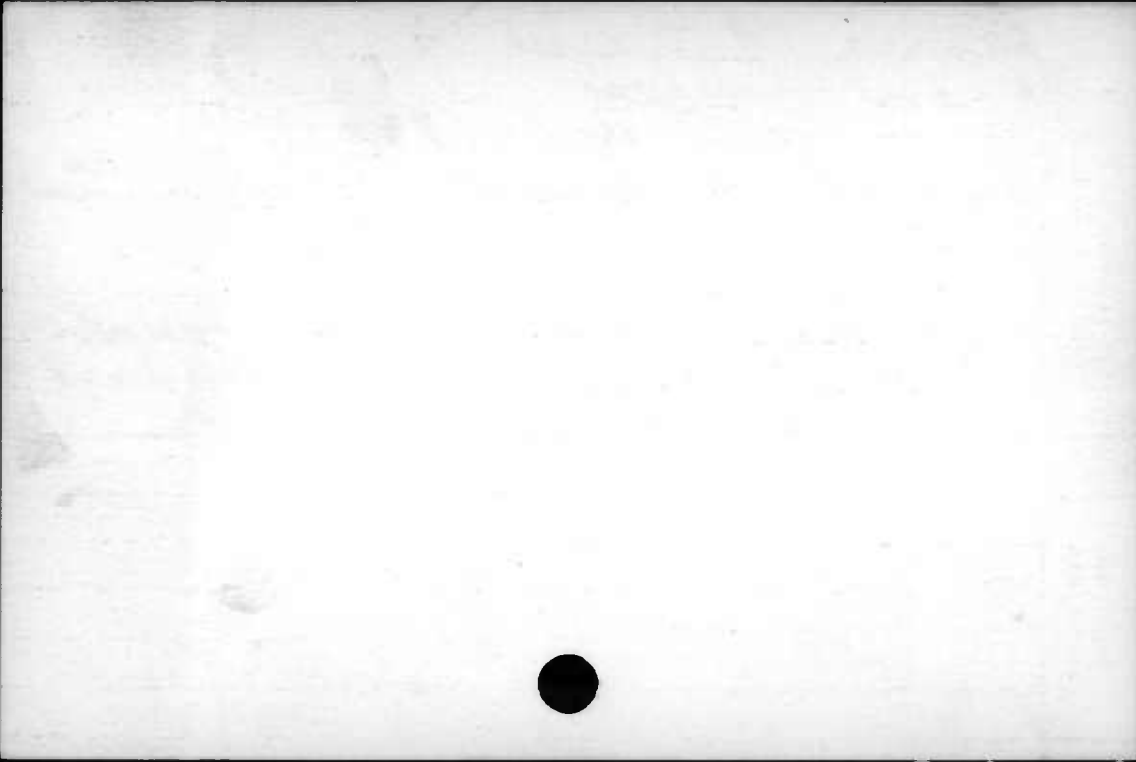
Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*D. H. Fisher*

Address

*Port Deposit, Md.*

Accident or Suicide?

*No*





Name  
in  
Full

## CERTIFICATE OF DEATH

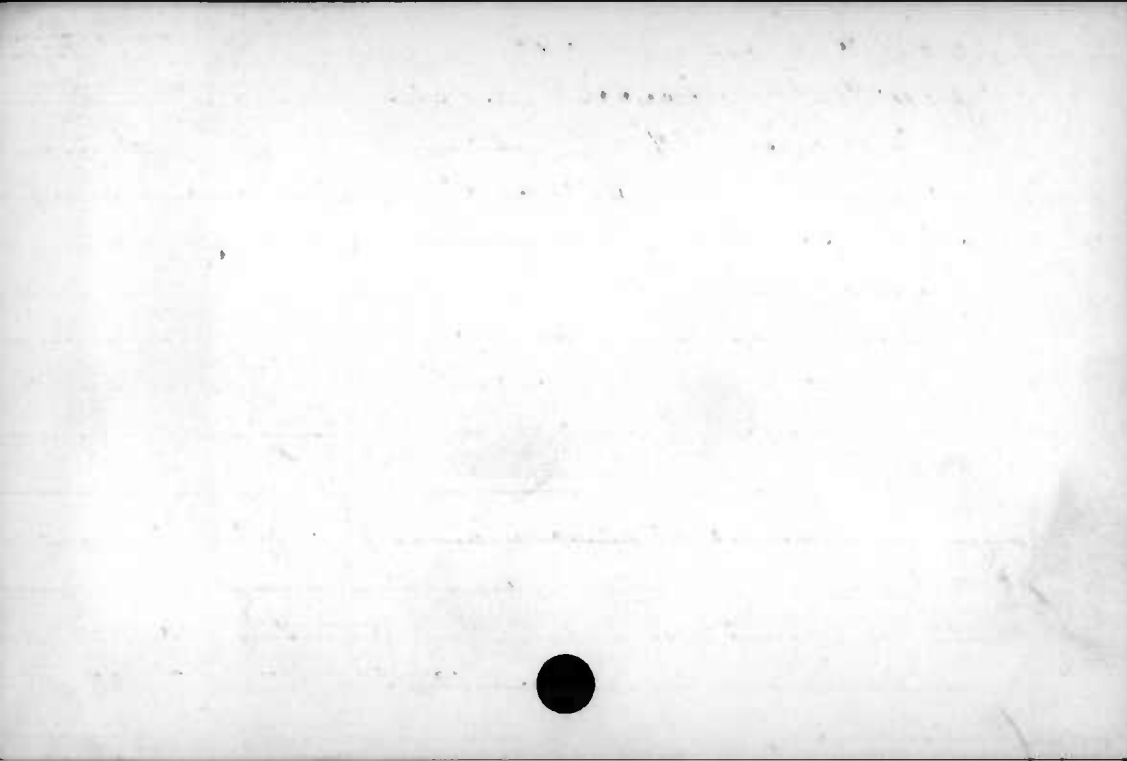
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Jamar Steward</i>		Town <i>Port Deposit</i>		County <i>Cecil</i>		MARYLAND					
Died at <i>Port Deposit</i>		Month <i>Feb</i>		Day <i>25</i>		Age <i>73</i>		Months <i>1</i>		Days <i>5</i>	
Date of death <i>1905</i>		Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Annamdel</i>					
Occupation		Where Residing if not at place of death									
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband									
Father's Name <i>Jamar Steward</i>		Father's Birthplace <i>Annamdel</i>									
Mother's Maiden Name <i>Sarah A. Chew</i>		Mother's Birthplace <i>Annamdel</i>									
Name of person giving information <i>Harace Steward</i>		How related to deceased <i>Son</i>									

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Paralysis</i>	How long <i>64</i>
Immediate <i>Second stroke</i>	How long <i>✓</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. C. Donahoe</i>
	Address <i>Port Deposit Md</i>
Accident or Suicide? <i>no</i>	



Name  
in  
Full

Nathan Ward

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Cecil Co. <sup>Town</sup> *Albion* <sup>County</sup> *Cecil*Date of death 1905 <sup>Month</sup> Feb. <sup>Day</sup> 14 <sup>Years</sup> Age 73 <sup>Months</sup> <sup>Days</sup>Sex *Male* Color or Race *Colored* Birth-place *Elkton*Occupation *Gen Farmer* Where Residing if not at place of death *Elkton*Married, Single or Widowed *Single* Name of Wife or HusbandFather's Name *Do not know*

Father's Birthplace

Mother's Maiden Name " " "

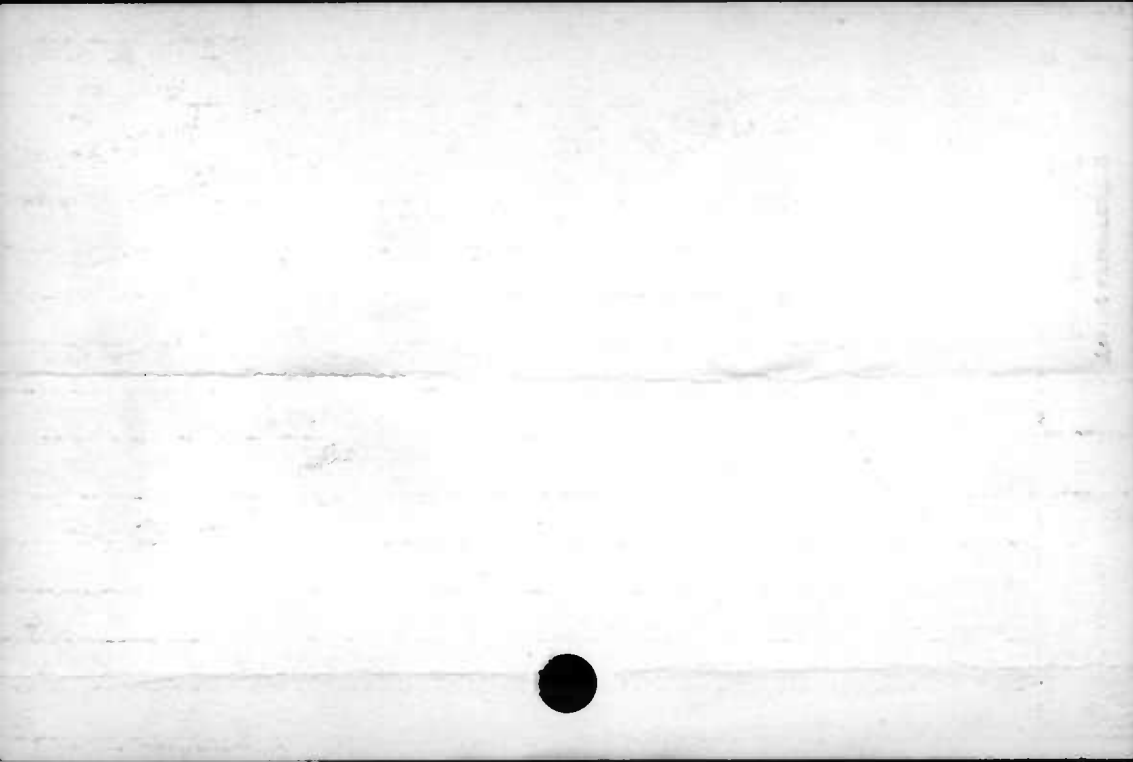
Mother's Birthplace

Name of person giving information *John Mahoney*How related to deceased *No relation*

## CAUSES OF DEATH

Primary *Bright's Disease* How long *4 Years*Immediate " " *120*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Chas F Muller,*Address *North East, Md.*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

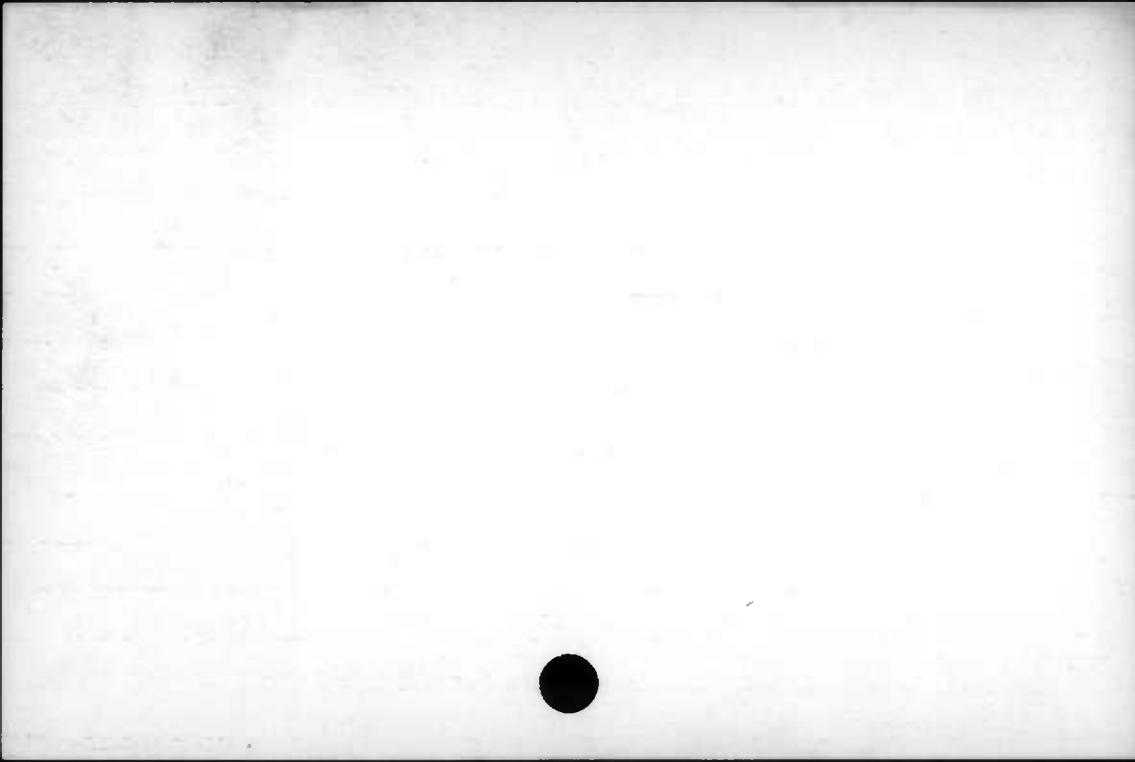
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Cecil Wardell</i>		Town <i>Perryville</i>		County <i>Cecil</i>		MARYLAND	
Died at		Month <i>2</i>		Day <i>24</i>		Age <i>36</i>	
Date of death <i>1905</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place	
Occupation <i>Iron Moulder</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Maggie Wardell</i>					
Father's Name <i>Richard Wardell</i>		Father's Birthplace <i>Cecil Co</i>					
Mother's Maiden Name <i>Rachel Craig</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Herbert Wardell</i>		How related to deceased <i>Brother</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>		How long <i>23</i>	
Immediate		How long <i>Two days</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. M. Rump</i>	
		Address <i>Perryville Md.</i>	
Accident or Suicide?			



Name in Full		Town				County		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at		Calnat		County		Lecount		MARYLAND			
	Date of death		1905	Month	Feb	Day	3	Age	Years	30	Months	4
	Sex		Male		Color or Race		Colored		Birthplace			
	Occupation		Farmer		Where Residing if not at place of death		Calnat					
	Married, Single or Widowed		Married		Name of Wife or Husband							
	Father's Name		Hughan Webster					Father's Birthplace		Dorchester		
	Mother's Maiden Name		Mary Pigg					Mother's Birthplace		Dorchester		
	Name of person giving information		Lena Tucker					How related to deceased		Sister		
CAUSES OF DEATH												
PHYSICIAN OR CORONER	Primary		Phthisis					How long		6 months		
	Immediate		Emphysema					How long				
	Are the name, age, sex, color, date and place correctly given above?		Yes					Signature of Physician		H. E. L. Tamm		
								Address		P. O. Box 1000		
	Accident or Suicide?											

